Editorials

1 Can We Improve Quality of Life of Patients on Dialysis?
   Bernard G. Jaar, Alex Chang, and Laura Plantinga
   See related article on page 82.

5 Improving Symptoms of Pain, Erectile Dysfunction, and Depression in Patients on Dialysis
   S. Susan Hedayati
   See related article on page 90.

8 To Supplement or Not: That Is the Question
   Denis Fouque and Fitsum Guebre-Egziabher
   See related article on page 100.

Original Articles

Acute Kidney Injury /Acute Renal Failure

10 Use of Multiple Imputation Method to Improve Estimation of Missing Baseline Serum Creatinine in Acute Kidney Injury Research
   Edward D. Siew, Josh F. Peterson, Svetlana K. Eden, Karel G. Moons, T. Alp Ikizler, and Michael E. Matheny

Chronic Kidney Disease

19 Recovery from AKI and Short- and Long-Term Outcomes after Lung Transplantation
   Edgard Wehbe, Andra E. Duncan, Gohar Dar, Marie Budev, and Brian Stephany

26 Associations of Serum Skeletal Alkaline Phosphatase with Elevated C-Reactive Protein and Mortality
   Rebecca Filipowicz, Tom Greene, Guo Wei, Alred K. Cheung, Kalani L. Raphael, Bradley C. Baird, and Srinivasan Beddhu

33 Factors Associated with CKD in the Elderly and Nonelderly Population
   Ming-Yen Lin, Yi-Wen Chiu, Chien-Hung Lee, Hui-Yen Yu, Hung-Chun Chen, Ming-Tsang Wu, and Shang-Jyh Hwang

41 Multiple Pregnancies in CKD Patients: An Explosive Mix
   Giorgina Barbara Piccoli, Silvana Arduino, Rossella Attini, Silvia Parisi, Federica Fassio, Marlisa Biolcati, Arianna Pagano, Carlotta Bossotti, Elena Vasario, Valentina Borgarello, Germana Daidola, Martina Ferraresi, Pietro Gaglioti, and Tullia Todros

Clinical Immunology and Pathology

51 Association of Epitope Spreading of Antiglomerular Basement Membrane Antibodies and Kidney Injury
   Jun-liang Chen, Shui-yi Hu, Xiao-yu Jia, Juan Zhao, Rui Yang, Zhao Cui, and Ming-hui Zhao

Epidemiology and Outcomes

59 Relationship between GFR and Albuminuria in Stage 1 Hypertension
   Paolo Palatini, Lucio Mos, Pierferruccio Ballerini, Adriano Mazzer, Francesca Saladini, Alessandra Bortolazzi, Susanna Cozzo, and Edoardo Casiglia, on behalf of the HARVEST Investigators
Original Articles (Continued)

67  Timing and Outcome of Renal Replacement Therapy in Patients with Congenital Malformations of the Kidney and Urinary Tract
Elke Wühl, Karlijn J. van Stralen, Enrico Verrina, Anna Bjerre, Christoph Wanner, James Goya Heaf, Oscar Zurriaga, Andries Hoitsma, Patrick Niaudet, Runolfur Palsson, Pietro Ravani, Kitty J. Jager, and Franz Schaefer

75  Interaction between GFR and Risk Factors for Morbidity and Mortality in African Americans with CKD
Kevin F. Erickson, Janice Lea, and William M. McClellan

ESRD and Chronic Dialysis

82  Effect of Hemodiafiltration on Quality of Life over Time
Albert H.A. Mazairac, G. Arline de Wit, Muriel P.C. Grooteman, E. Lars Penne, Neelke C. van der Weerd, Claire H. den Hoedt, Renée Lèvesque, Marinus A. van den Dorpel, Menso T. Núbë, Piet M. ter Wee, Michiel L. Bots, and Peter J. Blankestijn, on behalf of the CONTRAST Investigators
See related editorial on page 1.

90  Comparison of Symptom Management Strategies for Pain, Erectile Dysfunction, and Depression in Patients Receiving Chronic Hemodialysis: A Cluster Randomized Effectiveness Trial
Steven D. Weisbord, Maria K. Mor, Jamie A. Green, Mary Ann Sevick, Anne Marie Shields, Xinhua Zhao, Bruce L. Rollman, Paul M. Palevsky, Robert M. Arnold, and Michael J. Fine
See related editorial on page 5.

100 Association between Oral Nutritional Supplementation and Clinical Outcomes among Patients with ESRD
Christine Cheu, Jeffrey Pearson, Claudia Dahlerus, Brett Lantz, Tania Chowdhury, Peter F. Sauer, Robert E. Farrell, Friedrich K. Port, and Sylvia P.B. Ramirez
See related editorial on page 8.

108 Effect of the Dialysis Fluid Buffer on Peritoneal Membrane Function in Children
Claus Peter Schmitt, Barbara Nau, Gita Gemulla, Klaus E. Bonzel, Tuula Hölttä, Sara Testa, Michel Fischbach, Ulrike John, Markus J. Kemper, Anja Sander, Klaus Arbeiter, and Franz Schaefer

Mineral Metabolism/Bone Disease

116 Association of Circulating Fibroblast Growth Factor-23 with Renal Phosphate Excretion among Hemodialysis Patients with Residual Renal Function
Mengjing Wang, Li You, Haiming Li, Yong Lin, Zhijie Zhang, Chuanming Hao, and Jing Chen

Attending Rounds

126 Peritoneal Dialysis–Associated Peritonitis with Simultaneous Exit-Site Infection
Rajnish Mehrotra and Harmanjit Singh

Commentary

131 The Primary Care Perspective on Routine Urine Dipstick Screening to Identify Patients with Albuminuria
Lipika Samal and Jeffrey A. Linder

Moving Points in Nephrology

136 Lupus Nephritis: Keeping the Wolf at Bay
Jai Radhakrishnan

138 Lupus Nephritis: Is the Kidney Biopsy Currently Necessary in the Management of Lupus Nephritis?
Giovanna Giannico and Agnes B. Fogo

147 Lupus Nephritis: Induction Therapy in Severe Lupus Nephritis—Should MMF Be Considered the Drug of Choice?
Brad H. Rovin, Samir V. Parikh, Lee A. Hebert, Tak Mao Chan, Chi Chiu Mok, Ellen M. Ginzler, Lai Seong Hooi, Paul Brunetta, Romeo Maciuca, and Neil Solomons
On the Cover

*What’s the diagnosis?* Urine microscopy demonstrates needle-like crystals under light and polarization in the upper left and right panels, respectively. These are amoxicillin crystals from a patient treated with 5 days of amoxicillin for a presumed urinary tract infection. This represents a case of asymptomatic crystalluria without acute kidney injury. In the lower panels, a sulfadiazine crystal cast (crystals in granular cast) is noted under light microscopy (lower left panel), which is positively birefringent under polarization (lower right panel). In this case, urine microscopy was performed to evaluate acute kidney injury in a patient receiving sulfadiazine and pyrimethamine for toxoplasma infection. Numerous medications are associated with crystal formation in the urine, due to such factors as inherent drug (or metabolite) insolubility, urine pH (acid or alkaline), and sluggish urine flow rates. To adequately visualize for crystalluria, the urine should be examined under both light and polarized microscopy. The clinical syndromes that develop from drug-associated crystal formation include asymptomatic crystalluria, hematuria/pyuria, nephrolithiasis, and acute kidney injury, which may lead to chronic kidney disease. While many medications have been described to cause crystalluria, those commonly noted include the following: ascorbic acid, acyclovir, sulfadiazine, methotrexate, atazanavir, indinavir, ciprofloxacin, and triamterene. Improving urinary flow rates, stopping or dose reducing the culprit drug, and when possible, altering urine pH to enhance drug and/or metabolite solubility are appropriate interventions to reduce drug-induced crystal formation in the urine. (Image and text provided by Jose Antonio Tesser Poloni, Irmandade da Santa Casa de Misericordia de Porto Alegre, Porto Alegre, Brazil, and Mark A. Perazella, Yale University School of Medicine)